

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012072

FILED APR 15 1959

Registration District No. 360 Primary Registration District No. 3076 STATE FILE NUMBER 82

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1. PLACE OF DEATH a. COUNTY <b>Vernon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Nevada</b>			c. CITY OR TOWN <b>Nevada</b> <b>1882</b>		
c. FULL NAME OF (If NOT in hospital, give location) <b>Wyatt Nursing Home</b>			d. STREET (If outside, give location) <b>Wyatt Nursing Home</b>		
Length of stay in lb <b>3yrs</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Elda A. Hovey</b>			4. DATE OF DEATH <b>April 2, 1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 13, 1869</b>		9. AGE (In years last birthday) <b>90</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Brookston, Ind.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Reynolds</b>		13b. MOTHER'S MAIDEN NAME <b>Amelia</b>		14. NAME OF HUSBAND OR WIFE <b>EXX M.F. Hovey</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT <b>H.C. Hartman</b> Address <b>Rich Hill, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic C V R disease</b>					INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>442X</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>32</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Nevada, Missouri</b>		STATE <b>Missouri</b>
21. I attended the deceased from <b>January 11, 1959</b> to <b>April 2, 1959</b> and last saw her alive on <b>April 2, 1959</b> Death occurred at <b>4:45 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Wm. Hallen</i> (Degree or title)			22b. ADDRESS <b>Nevada, Missouri</b>		22c. DATE SIGNED <b>4-9-1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>April 4, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Double Branches</b>		23d. LOCATION (City, town, or county) (State) <b>Bates Co., Missouri</b>	
24. FUNERAL DIRECTOR <b>Booth Funeral Service Rich Hill,</b>		25. DATE RECD. BY LOCAL REG. <b>Mo. 4-10-1959</b>		26. REGISTRAR'S SIGNATURE <i>Anna J. Perry</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed John H. Henderson .....

Licensed Embalmer No. 3585 .....

P. O. Address Butler on .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.